

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-038841

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 180

STATE FILE NUMBER

FILED OCT 30 1963

VS 300
Rev. 4/59

10071

20070

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		Length of stay in 1b <u>15 days</u>	c. CITY OR TOWN <u>Passaic</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bates Co. Mem. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Littleton</u> Last <u>Allen</u>		4. DATE OF DEATH Month <u>October</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-6-01</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Warrick Delivery</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Joseph Littleton Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Elvie Reynolds</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. Willia Allen, Passaic, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Parasitic Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>with Myocarditis</u> DUE TO (b) <u>Mucous Myocardial infection 1955</u> DUE TO (c) <u>1955</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:25</u> a.m. <u>A.M.</u> Month, Day, Year <u>Oct 26, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Passaic, Mo.</u>	
21. I attended the deceased from <u>1955</u> to <u>Oct 26, 1963</u> and last saw him alive on <u>Oct 25, 1963</u> . Death occurred at <u>5:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>John A. Luck Jr. M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-28-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		23d. LOCATION (City, town, or county) <u>Adrian, Mo.</u>	
24. FUNERAL DIRECTOR <u>Six Funeral Service, Adrian, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-28-63</u>	
26. REGISTRAR'S SIGNATURE <u>Norman Wilson</u>		22c. DATE SIGNED <u>10/27/63</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV - 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

* If this body is not embalmed, fact should be so stated above.

Permit issued 10-28-63-1111